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ABSTRACT

The intent of this paper is to provide a historical and cultural overview of the Khmer refugee movement and to outline problems the refugees face upon resettlement in New York City. The paper begins by describing the land and people of Cambodia, the social structure of Khmer society, the role of Buddhism in that society, Cambodia's recent history, the Khmer Rouge regime, the beginning of the refugee movement, and refugee settlements and holding centers along the Thai-Cambodian border and further inside Thailand. Following this background information, an overview of Khmer resettlement in New York City is given. Separate sections are provided on housing problems, the destruction of the old familial structure, scattered placement and how it impedes development of a sense of community, daily transitional difficulties, social problems such as ethnic tensions and crime, post survival trauma and survivor guilt, the special problems of women and children, employment, health problems, conflicts between traditional and western medicine, and mental health. (CMG)

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ACCULTURATION DIFFICULTIES OF THE KHMER

IN

NEW YORK CITY

JUN 11 1984

By Ellen Bruno

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The Cambodian Women's Program
American Friends Service Committee
New York Metropolitan Region
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New York, New York

[APRIL 1984]

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The intent of this paper is to provide a historical and cultural overview of the Khmer refugee movement and to outline in some detail the problems the refugees face upon resettlement in New York City. The focus is the difficulties of the transition of a people from Southeast Asia to the United States.

This paper stems from four years work with the Cambodian people, both in the refugee camps along the Thai/Cambodian border and here in New York City. The material comes from my observations of the Khmer, and from that which I have learned from them of their country, their culture, and the problems they face in this new land.

The cultural information is based on pre-1970 Cambodia, as the social fabric of the country was badly damaged during the 1970-1975 civil war and changed drastically in the time following April, 1975.

In the course of this summary, certain historical and cultural generalizations were necessary. The reader should keep in mind that such generalizations are not absolute.

It is in hopes of smoothing their paths towards peaceful and content lives that I make this information available, hoping that those who wish to help can use it as a starting point of their work.

Ellen Bruno
New York City
April, 1984

THE LAND AND THE PEOPLE

Cambodia is a predominatly rural country, agriculturally rich, with an unusually homogeneous ethnic composition. The Cambodian, or Khmer people are a distinct ethnic group sharing a common language, heritage, culture, and a strong adherance to Theravada Buddhism. The most prevalant theory of Khmer origin is that they are a racial mix of indigenous tribespeople and invaders from India and Java.

The Khmer should not be confused with the Vietnamese, Chinese, or Lao. Each of these groups maintain distinct cultures, languages, and have different ethnic roots.

Many ethnic Chinese have lived in Cambodia for generations and are Cambodian nationals. They, as do the other ethnic minorities in the country, maintain their respective culture within the broader Khmer society. The Chinese are the largest minority in Cambodia, followed by the Vietnamese, Moslem Cham-Malay, and the Khmer Loeu,the indigenous hill people.

The Khmer describe life in their country as plentiful and easy. Rice and fruit grow in abundance. Tonle Sap, the great lake in the heart of their country, provides the Khmer with an unlimited supply of fresh water fish which is a mainstay in their diet.

Before 1970, ninety percent of the Khmer were rice farmers, leading a simple life beside the rice fields. Most farmers owned their land and few owned more than they could cultivate. For centuries they led quiet, peaceful, and self sufficient lives, with never reason nor desire to leave their country. Until 1975, only a handful of Khmer lived abroad.

The Khmer have a reputation as peaceful people. Some call them passive. They are deeply religious, with few ambitions to improve their lives in a material sense. Resigned to their lot, they accept their situation as Karma, or the harvest of actions of a past life. They tend not to be aggressive, believing that a better life can come only in their next incarnation, through right actions and merit earned in this life.

THE SOCIAL STRUCTURE

The basis of Khmer society is the extended family composed of elderly parents, a married child or children, and grandchildren. The family is the basic unit of production and consumption.

The wife is a pivitol member of family. Around her revolve the prosperity, well-being, and reputation of the family.[1] In urban areas, the wife controls the family finances and the husband's and children's earnings are handed to her. She is also responsible for managing the household compound, the domestic help, and overseeing the education of the children.

In rural areas, the woman plays a vital role in rice production, transplanting the rice paddy with her husband and harvesting and cleaning the ripened rice.

Khmer women are highly regarded in the society and hold positions of responsibility and importance in the family. It is the woman-as-mother who is the mentor of social and moral values of Khmer culture and the teacher of Buddhist thought.

Cambodia is a society with strong matriarchal leanings. Daughters and sons are equally valued by parents; consequently, land and wealth are inherited by both. It is also more common for newlyweds to live with or nearby the natal family of the wife after marriage rather than with the husband's family.

Much in the eastern vein, wisdom comes through experience and age. The elderly are greatly revered, and it is the elders in the family unit that make decisions of importance. Children, though greatly valued, are rarely spoiled with excess attention. Much of the responsibility of childcare falls upon older siblings, especially older daughters.

Children are rarely disciplined through beatings or harsh words. Most parents exercise authority sparingly, choosing rather to teach approved behavior by means of the example of adults or older children.

Cambodia has a highly stratified social structure with a distinct ranking system. Social relations are clearly defined and each person has a distinct status and prescribed role. One's place in this structure is displayed in the use of titles and formalized patterns of behavior. In this lies the security of knowing what is expected of you and others in relation to you.

This elaborate system of stratification is evident in many aspects of life, perhaps most evident in the Khmer language. A complex hierarchy of personal pronouns and verb forms gives proper respect to children, peers, parents, elders, goverment officials, royalty, and ultimately, monks. Through choice of diction, language can be manipulated to flatter or insult.

Although wealth and occupation have more recently gained in value, prestige and honor in Khmer society come from the honor and merit earned from the display of good character and adherance to the principles of good Buddhist life. Crimes of violence such as assault, murder, and rape are extremely rare.

BUDDHISM

Most aspects of life in Khmer society are strongly tied to Buddhism. Buddhism is more of a philosophy or a value system than a religion as we know it in the west.

The Buddhist way of life places a high value on the maintenance of an emotional balance and acceptance of one's situation or incarnation, leaving little incentive for materialistic ambition.

In Cambodia, wealth is not a means to social status. "Good character and a reputation for piety are essential for high status. The quality of religious piety that is admired in a Buddhist monk is equally respected in a layman. If he does not possess exceptional piety, a man cannot gain an exalted position in his community, no matter what other admirable qualities he may possess." [2]

Much of the social and institutional structure of rural Cambodia is built around Buddhism as an institution. The village wat, or temple, is the center of most village activities. Until the French colonization, all education to the university level was offered exclusively at the village wat. After colonization, elementary school education continued at the wat while higher education took place at government schools.

The wat is a place for celebrations, festivals, and ceremonies of a religious or social nature. Festive occasions are closely related to the religion, as most are Buddhist days of observance. The wat is the center of all cultural life, including art, classical and traditional dance, and music. Many of the classical and folk dances are based on Buddhist proverbs.

In addition, the Khmer temple is a healing center where traditional medicines are practiced and a place for the recuperation of sick or wounded soldiers in times of war. The village monks also act as sorcerers, treating those with spiritual or mental illnesses.

At some time in their lives most Khmer males enter the "sangha", the Buddhist religious order, as a monk. These young men are often "rainy season monks" , fulfilling their spiritual obligations in the temple between their obligations in the rice fields.

The Khmer greeting, palms pressed together, also has its roots in Buddhism. The hands in this position symbolize the lotus flower, the symbol of Buddhism, whose colors white, red, and purple represent the Buddhist ideals of purity, compassion, and wisdom.

RECENT HISTORY

Cambodia was colonized by the French in 1864, but through the diplomatic shrewdness of King Norodom Sihanouk, the country was granted a peaceful independence in 1953. Sihanouk became a legendary leader of the Khmer, gaining much of his support from the peasantry. To this day he is called "Somdech" by most Khmer, a term of endearment meaning father.

Throughout the escalating war in Vietnam, Prince Sihanouk maintained a neutral Cambodia, giving allegiance neither to the North Vietnamese or the U.S.-backed South. In 1970, a coup replaced Sihanouk with U.S.-aligned General Lon Nol.

Soon after, Nixon and Kissinger launched a massive bombing campaign of eastern Cambodia aimed at the destruction of Viet Cong sanctuaries along the Vietnamese border. Thousands of tons of bombs scarred the Cambodian countryside driving Viet Cong bases deeper into Cambodia. The physical destruction was devastating and the bombing campaign eventually entangled the Cambodian people in a war they had managed to stay free of for years.

This bombing resulted in millions of domestic refugees fleeing the countryside to the safety of the capital city. Between 1969 and 1973, the population of Phnom Penh swelled from 500,000 to 3 million inhabitants. Most were refugees living on the streets in squatter shacks, dependent on foreign rice shipments for survival.

THE KHMER ROUGE REGIME

On April 17, 1975, Khmer Rouge communist troops gained control of Phnom Penh, driven by a vision of a "pure Cambodia", a communist state free of all imperialist and

bourgeois influences. Within three days of occupation, the Khmer Rouge cadres began their transformation of society by driving the residents of Cambodia's cities into the countryside. Schools, factories and hospitals were emptied. Thousands died in this exodus to the country.

Under the leadership of Pol Pot, the Khmer Rouge began an intensive campaign to convert Cambodia into a purely agricultural society. People with urban backgrounds became the ultimate enemy of the State, and the peasantry, embodying the ideals of the new order, were given higher status in local communities.

Along with these efforts went a continual purge of all those who threatened this vision. Former heads of state and government officials detected by the cadres were summarily executed.

All symbols of the west were destroyed. Catholic churches and entire resort towns built during the French colonial days were leveled. Intellectuals, artists, musicians—in essence all who embodied the cultural, intellectual or religious life of the Khmer—were killed in efforts to "cleanse Cambodia of all that was infected" by imperialism. Religion was outlawed, and Buddhist temples were converted to pig stys or burned. Books and artwork were destroyed. All who spoke French or spoke in an educated Khmer were suspect.

Overseas Khmer were called back to help in this great movement. Students and families living abroad returned and were confined and executed in one of the many execution centers established by the Khmer Rouge. The movement became fanatical in a paranoid attempt to kill any potential opposition.

Some Khmer fled to Thailand seeking refuge, and over 200,000 fled to Vietnam. Inside the country, between 1975 and 1979, an estimated two million Khmer were killed or died of exhaustion, starvation or disease. The Khmer population was reduced by one third.

In April of 1979, the Vietnamese invaded Cambodia and installed the Heng Samrin government, a Hanoi-based puppet government, utilizing many dissident Khmer Rouge officials and putting in highest command those Khmer who had been politically educated in Hanoi.

THE REFUGEE MOVEMENT

In the chaos of this invasion, Cambodia's tightly sealed borders opened for the first time since the Khmer Rouge took power in 1975. First to flee were the Khmer Rouge cadres. The troops brought with them their families and thousands of civilians. Eating boiled leaves and insects, terrorized by the Khmer Rouge and fleeing the Vietnamese troops, they arrived at the Thai border in the early fall of 1979 starving and

Following this initial surge was close the half a million refugees. The most fortunate managed to survive crossing the heavily mined Cardamom Range in western Cambodia. The weak, the sick, and the old were left behind.

By late 1979, 500,000 Khmer had crossed the border to safety in Thailand. They fled the past horror of the Khmer Rouge, the incoming power of their traditional enemy, the Vietnamese, and the simple realities of starvation and disease.

In the initial movement, few fleeing left with the intention of resettlement in a

third country. It was not a voluntary or premeditated movement, which characterizes many refugee movements, but rather an impulsive flight from inherent danger.

Many Khmer say they would rather die than return to a communist regime. They are haunted by memories of four years of living death under the Khmer Rouge, and many fear being branded as dissidents should they return to their country under the rule of Heng Samrin.

REFUGEE BORDER SETTLEMENTS AND HOLDING CENTERS

Many Khmer settled in temporary encampments along a three kilometer stretch of land between the Cardamom range and the Thai-Cambodian border. This area developed into Nong Samet, Nong Chan, and Mak Moon Camps. These encampments are not on land officially recognized as Thai territory, thus the refugees are not afforded the protection of the Thai military.

Most of the border camps are now under the management of one of the three nationalist factions in the Democratic Kampuchea Coalition government in exile. The now united forces include the Khmer Rouge, the KPNLF led by Son Sann, and FUNCINPAC led by Prince Sihanouk. Cross fire between Vietnamese and Khmer troops and between the various nationalist guerrilla factions constantly threatens those noncombatants settled along the border.

Nong Chan was the location of heavy black market trading until it was leveled by Vietnamese troops in 1983. The black market provided the temporary Khmer populations with food and necessities and served as the main funnel for Thai goods into Cambodia and Vietnam, including bicycle parts, clothing, ammunition, and food.

Some Khmer make their way further into Thailand to the relative safety of "holding centers" established by the United Nations High Commission for Refugees (UNHCR). There they are given food rations, medical care, and protection from border fighting. They build huts of bamboo provided by the UNHCR.

The refugees who leave the border area and move into official holding centers have a mindset different from those who remain in the settlements along the border. Their move from the border is a psychological break with their country. Their orientation tends to be "third country" focused, hoping for eventual resettlement in a country offering permanent asylum.

Khao-I-Dang Camp is the largest of the Khmer camps and, as of early 1984, is the last remaining camp which provides temporary asylum to the Khmer. It is a closed camp. Three layers of barbed wire fortify the camp against new arrivals. A division of paramilitary guards patrol the camp perimeter armed with M-16 automatics. In early 1980, Khao-I-Dang held 130,000 refugees, with the possible exception of Phnom Penh, then the largest concentration of Khmer in the world.

Khao-I-Dang has become a basin for international relief efforts, drawing medical teams from Germany, Italy, and France and social service providers from Ireland, Sweden, Japan, and the Philippines.

Evangelical groups appear offering their service and their prayer. Bibles have been translated into Khmer and waves of conversions began. Some refugees hope that by

adopting a western religion they will become more attractive to countries offering resettlement.

In early 1984, there remains 44,400 Khmer in Khao-I-Dang Camp, and an additional 200,000 Khmer are settled in the unofficial encampments along the border. Since 1983, Khao-I-Dang's population has gradually decreased, not because the refugees are voluntarily returning to Cambodia, but because they are slowly being accepted to countries of permanent resettlement.

The residents of Khao-I-Dang are now required to wear ID tags on their clothing at all times to distinguish themselves as legal residents of the camp. Legal refugees are those Khmer who arrived in Khao-I-Dang before December, 1982. They are registered with the UNHCR, and have camp identification numbers.

Those refugees who entered the camp after this cut-off date are considered "illegal" residents by the Thai camp administration. They are not registered, have no ID cards, are they must hide themselves during the day. They live in constant fear of apprehension by Thai patrols. If caught they will be sent back to the border.

The Thai officials estimate that Khao-I-Dang has 3,000 "illegal", unregistered refugees. The Khmer in camp believe there are as many as 8,000 nonregistered Khmer.

"Illegal" refugees are not eligible for food or water rations. The more fortunate receive sporatic support from overseas relatives. The others must beg for food from neighbors with little to share. Agencies in camp are forbidden to hire illegal refugees. These measures are taken to discourage more Khmer from entering Thailand.

Many of the Khmer remain in camp for four years before eventual resettlement. In the camps, most refugees lack the opportunity to use their skills and they remain idle for long periods of time. Despite the efforts of relief agencies to provide self-help responsibilities and tasks, the vast majority of refugees do little but wait.

Extended stays in camp are detrimental to both the psychological and physical well-being of the refugees. The longer the refugees remain in the camps, the more profound are the negative effects of camp life. Motivation for work is diminished and a welfare mentality can develop and extend itself to countries of permanent resettlement. Health problems often develop or old problems do not improve, so many refugees begin their life in a third country in poor health and undernourished.

The Thai government provides temporary asylum for the refugees by allowing the existence of the camps and permits international relief organizations to maintain them, but this provision is a dangerously tentative agreement. Thai authorities have never offered the Khmer permanent resettlement in Thailand. Age old tensions run deep between the two countries. Their border dispute is as old as the land on which they fight.

Thailand is ambivalent about the refugee population on her eastern border. The refugees are seen as a serious threat to national security as Khmer resistance forces act as a magnet for Vietnamese attacks edging onto Thai soil. But the Thais also encourage the Khmer resistance forces to stay just inside the border, where they serve as a buffer population between the Thai border defense troops and the Vietnamese.

Refugee camps along the Thai-Khmer border,
from Mason and Brown's Rice, Rivalry, and Politics
Notre Dame Press, 1983

RESETTLEMENT OVERVIEW: NEW YORK CITY

The United States, France, Australia, and Canada have taken leading responsibility in the provision of permanent resettlement to the Khmer. The U.S. Refugee Act of 1980 established a special admissions quota for Indochinese refugees.

Families are reviewed on a case by case basis, and decisions of acceptance or rejection are made by officers of the U.S. Immigration and Naturalization Service. The admissions ceiling has been slightly raised to a total of 50,000 for all Indochinese for fiscal year 1984.

Prior to 1980, U.S. immigration policies had discriminated against the Khmer, allowing only a very small number to be admitted to the U.S. as refugees. Those Khmer who managed to escape spent many years on the border and in the camps experiencing military raids, forced repatriation, and famine with little hope of resettlement.

In 1981, in response to concerted pressure from the voluntary agencies and a small group of independent activists, the U.S. decided in a dramatic turnabout to accept 20,000 Khmer in a single year.

The Office of Refugee Resettlement (ORR) and the Health and Human Services Administration (HHS) took responsibility for resettlement planning. They created the Khmer Guided Placement Program (KGP), a plan aimed at beginning Cambodian communities in areas of the country not impacted with previous waves of Indochinese refugees. Impacted areas have faced sizeable problems with service delivery and unemployment.

Twelve sites were identified as having adequate social service and employment possibilities. The relative rural-ness or urban-ness of sites was not a consideration in the KGP site selection process. New York City was selected as a KGP site and received five hundred Khmer families in 1981 and 1982.

ORR/HHS mandated and funded a coalition of voluntary agencies, ethnic Khmer Mutual Assistance Associations (MAA), and the Department of Social Services (DSS) to carry through the KGP plan. Despite a supposed division of labor, the majority of the resettlement burden fell to the voluntary agencies who had previous resettlement experience. The MAAs in New York proved to be inexperienced and were not readily accepted as leaders by the incoming refugees.

When case allocations were made on the national level, many of the KGP sites were unable to provide housing for large or extended families. These families were thus allocated to New York, where large families could be housed in several ajacent apartments. These families, most often families of peasant farmers, thus came to be settled in inner city New York, an environment dramatically different than anything they have known.

Seven agencies resettled the Khmer that came to New York City with the KGP. Although some agencies were insistent on resettling only those families with some urban experience, fragmented biographies from overseas made this distinction impossible.

Resettlement agencies were allocated $525.00 per refugee by the federal government, an amount the agencies felt was unrealistic and inadequate to resettle this flood of deeply traumatized refugees. With these funds they payed staff and overhead in countries of first asylum as well as in the U.S., planned migration, passed through funds for security deposit and first month's rent on an apartment, provided furniture, household supplies, bedding, and clothing, and supplied the refugee family with cash maintenance

until an alternative source of income could be arranged.

In addition, the agencies were mandated to make referrals for health care, schooling, English as a Second Language classes, employment services, and provide orientation and counseling.

Resettlement responsibilities are time-limited. Voluntary agencies are technically responsible for providing core services within three months of resettlement.Several New York agencies make concerted efforts to help within and beyond this time limit, but others provide only the minimal services to the families and leave them on their own. Most families experience myriad problems within the first year of resettlement for which they have neither the language ability nor the institutional or systematic knowledge to solve on their own.

Some agencies accept caseloads that are beyond their capacity to handle. Others sub-contract their cases to local parishes with little or no expertise in social services, giving these local sponsors only a portion of the allocated federal funds.

Until very recently, the State Department did no monitoring of resettlement agencies, and neglectful agencies continued to function to the detriment of the refugees. One agency had its contract revoked and its cases redistributed to remaining agencies when their refugees were found wandering the streets in mid-winter looking for warm clothing in the garbage.

PLACEMENT OF KHMER: HOUSING

Due to poor federal planning and delays in overseas Refugee Processing Centers, eighty percent of the KGP families arrived between April and June of 1982, creating severe resettlement problems. Agency staff received little cultural information about the Khmer and were unprepared for the many difficulties which soon faced this incoming population.

Resettlement agencies were overworked. Finding housing with little notice and offering attention to initial problems of health, economic support, and acculturation was difficult and time consuming. Faced with this flood of incoming families, most agencies did little but receive a family, provide them with the bare necessities, and turn to meet the next.

New York City's housing shortage further compounded the difficulties. The refugees were not eligible for public housing. The voluntary agencies sought refugee housing in low rent sections of the Bronx and Brooklyn, areas which tend to have very high crime rates.

Much refugee housing was rented sight unseen. Some agencies neglected to make the essential neighborhood evaluations before beginning clusters of refugee families.

Slumlords, seeing the opportunity to fill buildings abandoned by previous tenants, began to court the agencies, seeing the Indochinese as respectful and responsible tenants, and "not black or Puerto Rican". Some agencies have essentially depended on these landlords to house their clients, filling entire streets of dilapidated housing with refugees.

Once placed in these areas of high crime and deteriorated housing, a move is beyond the scope of possibilities of most families. Security deposits are spent and unre-

deemable. With poor language skills, it is extremely difficult for a refugee family to negotiate new and better housing, and they are almost destined to remain where they are initially placed.

Housing has had a dramatic effect on the successful resettlement of refugee families and is perhaps the most important service the agency can provide in the course of its responsibilities. Future successes and failures are left to the personal initiative and strengths of the individual or family.

The quality of housing and of the neighborhood not only determines the availability of heat and hot water in winter and the risks of lead poisoning or structural dangers, but, more important, it has a profound effect on the psychological and emotional adjustment of a refugee family.

Well over half of the Khmer families in New York City still suffer the ramifications of poor placement. Those families placed in neighborhoods with some semblance of community cohesion have fared far better than the rest. The strength of the Khmer community which has taken hold thus far in New York comes from this second group, which does not have to direct its energy into struggles with the community.

THE FAMILY

Countless families were separated during the Khmer Rouge regime. In the initial exodus to the country, many family members were lost. Older children were sent to the country in mobile work teams and have not seen their families since. In their escape to Thailand, families scattered to avoid detection by retreating Khmer Rouge troops and the invading Vietnamese.

In the camps, immigration guidelines dictate that extended families be split into nuclear families. Once cohesive households of three generations come to be resettled in different cities around the country. Yet others are resettled in different countries with little hopes of reunification.

This breakdown of family structure has compounded familial stress and anxiety. No longer can the husband and father depend on the support and guidance of the older generation. Full responsibility for childcare and household maintenance falls on the woman who traditionally had much help from her extended family.

More important, the customary pressures exerted from society at large no longer act to check behavior or act as models for the family. Previously, women depended on the influence of her natal family or the village womenfolk to exert pressure on a wandering husband or a ruthless mother-in-law. These checks and balances no longer exist to maintain social and ethical norms.

The old rules of social order hold no weight in this society, and the rules of the new society are not yet understood. All former clues for behavior, previously outlined so clearly in Khmer society, are gone. "The old 'accepted role' of the familiar group does not apply and the migrant must begin the adaptation process by improvising and gradually learning new roles which will be selectively reinforced by the new culture" [3]

There is also a considerable amount of distrust among the Khmer, which seems to have its roots in two areas. The first was the need to distrust in order to survive in the Khmer Rouge regime, when children were awarded for reporting parent's behavior to authorities, identities were concealed for fear of death, and normal human decentcy was abandoned in simple efforts to remain alive. This necessary distrust is often carried to the refugee camps and into countries of permanent resettlement. People tend to question their neighbors' backgrounds, often concerned with possible Khmer Rouge connections.

When fifty Khmer families from fifty seperate villages are settled on one city block, the information necessary to trust each other is missing. What is the reputation of the family? Are they well respected among the villagers? What were their political allegiances in Cambodia? This lack of information can make marriage arrangements very difficult for young men who have resettled without their families. The essential information on which a father depends before permitting the marriage of his daughter is missing. Aparrent decency and character are only part of the whole.

THE COMMUNTIY

An unfortunate trend in the placement of Khmer families in New York City is the scattered nature of the clusters of families. The Khmer live in eight areas of Brooklyn, two areas of Manhattan, including a small number of Sino-Khmer in Chinatown, and fourteen areas of the Bronx.

When the Khmer arrived in 1980 and 1981, there was no pre-existing Khmer community in New York City outside of a handful of pre-1975 Khmer. After agency obligations expired, there was nowhere to turn for help.

This scattered placement, although perhaps unavoidable during the KGP influx, has hampered any real progress towards fostering a sense of Khmer community. Inter-neighborhood communication is by word of mouth. There is as yet no community center or temple, no common meeting place for the people, and self-help efforts are often uncoordinated and frustrated.

Dr. R.D. Cohen notes in a study on past refugee experiences, "stress for migrants is intensified when there is pressure for rapid assimilation, and there is little chance to join a familiar group which could reduce tensions of coping with cultural change."

The Khmer want to live together as a community. In a 1981 survey[4], 258 families were asked if they would prefer to live in an area with other Khmer, a "Cambodiatown" of sorts. 218 families responded with enthusiasm.

DAILY TRANSITIONAL DIFFICULTIES

The transition from a rice producing province in Southeast Asia to inner city America is staggering for even the most well prepared refugees. In the day-to-day life of a newly arrived refugee, many small but significant obstacles interfere with a smooth acculturation.

For virtually all refugees, the first step off of the plane at JFK airport is their first experience with cold weather. New York's climate is dramatically different than Cambodia's tropical climate which rarely falls below 80 degrees Fahrenheit. Before arrival, cold weather was an abstract concept from cultural orientation class.

The Khmer do not know how to dress for the cold. Women run from their apartments to the supermarket in rubber sandals and a sarong in the chill of winter. Children are sent out with sandals and no socks, making them more susceptible to illness.

There is considerable adjustment to be made to the physical surrounding as well. Apartment living is new, especially for those whose previous housing had been raised wooden or bamboo dwellings. Apartments are often high above street level, which is frightening for many.

Apartments are crowded by any American standards, and often a nuclear family will share one bedroom. Living rooms are often converted to sleeping areas as newly arriving relatives or friends come to join a settled family.

Electricity, plumbing, flush toilets and refrigerators are initially perplexing. At first many Khmer believe refrigerators are storage boxes with a miraculous ability to perserve food for months.

Language is a major debilitating factor in resettlement, second only to poor housing and accompanying crime. Although the refugees are required to take a mandatory three months language training in the camps before they arrive in the U.S., few arrive with adequate language skills.

Language is a particular problem for the women, most of whom have had far less schooling in Cambodia than the men. Many women are illiterate in their native Khmer. The Khmer women in New York City have had an average of four years education.[5] Not alleviated by time, this problem is compounded as the men and older children attend school and the women stay home caring for preschool children.

Many Khmer express surprise at the racial and ethnic mixture of New York. Most have a distinct idea of what an American should be. Much of this image comes from the refugees' experience with camp workers, which creates an image of white, middle class and extremely sympathetic people.

It is at first unsettling to arrive in a country of Italians, Mexicans, Chinese, Indians, and black Americans, each with a seemingly distinct English dialect or a language entirely their own. Yet this ethnic diversity allows the Khmer to blend into the city and to feel less conspicuous than the Khmer in relatively homogeneous cities. Also, Chinatown allows for at least a taste of familiar Asia.

SOCIAL PROBLEMS

The Khmer are survivors in every sense. They know well how to avoid cross fire in active war zones, and how to boil leaves and insects when there is no food. Yet they arrive in an urban environment greatly underprepared and desperately lacking in proper survival skills.

New York is an alienating city, and few New Yorkers have any real knowledge of or concern for the refugees. A hostility sometimes arises in areas where many groups

are competing for limited resources. Longer term neighbors have come to resent what they perceive to be preferential treatment afforded the refugees, and greater access to available employment. This resentment results in ethnic tension in several of the neighborhoods.

In neighborhoods with predominantly black and hispanic residents, the Khmer are highly visible. They are not aggressive people. Unlikely to fight back, they have been targeted as easy victims of both street crime and robbery.

The Khmer are unfamiliar with and tend not to trust banks. Neighbors are quick to learn that they convert extra cash into gold jewelry which they wear for safekeeping or hide in their apartments. The apartments are robbed with such frequency in some neighborhoods that families will not leave an apartment unattended. They leave older children at home with water running or music playing to deter would-be robbers.

The problem of crime has escalated to a point where many families have left New York for other parts of the country, depending on friends and relatives from other states to pay their way and arrange new housing.

The families who remain in high crime neighborhoods live in fear of their neighbors. Some refugees who have been mugged now carry knives, and street fights have erupted as the Khmer join forces in an effort to protect themselves. Because many frightening experiences have involved black Americans, the Khmer have come to fear all blacks.

POST SURVIVAL

In the inescapable regimentation of the Khmer Rouge Regime, the people lost control over their lives. In the refugee camps, dependent on relief agencies for food, water, and shelter, this feeling of powerlessness was compounded. It was difficult and frightening for many to take back control of their lives after this extended dependency, and to begin a life in a country which puts a premium on self motivation and ambition.

The Khmer did not expect a life of ease. They arrived determined to work hard and to live life in peace. Yet in the face of the unrelenting social and environmental pressures, and their often extended depression and grief, this determination is shaken. It becomes difficult to find the mental and emotional strength to persevere.

The refugees have lost all familiar objects of attachment, and the new possible objects around them are unfamiliar and, in many instances, unattractive. In Grief and Change Marris describes grief as the process of preserving all that was valuable in the past and learning to accept the future.

Six months to a year after resettlement, when basic necessities are provided for and life assumes a recognizable rhythm, more profound and longer term problems begin to manifest themselves.

This secondary phase is most traumatic in that it is the first time since pre-revolution Cambodia that Khmer have the time and relative peace of mind to recount their losses. They begin an intense period of long postponed mourning for the dead, the lost, and the country they left behind.

Communication to and from Cambodia is almost nonexistent, and resettled refugees are unable to inform their families in Cambodia that they are alive and well. Similarly, they do not know the fate of their families left behind, and many postpone this mourning process, hoping to receive positive news from home.

This unknowing is perhaps the greatest cause of emotional tension and anxiety in the refugee. It is further compounded by stories from newly arriving refugees of arrests and imprisonment of persons trying to escape Cambodia. Each refugee imagines those arrested are her/his parents, siblings or children.

Many Khmer experience the same "survivor guilt" common among survivors of the Nazi holocaust, blaming themselves for having survived while children, parents, and those they felt were better people than themselves perished. Others resorted to actions which they feel were unethical or immoral in order to survive, and the memories of these actions come back to haunt them here.

Many Khmer died of starvation in the years of unrest. Some survivors manifest guilt by a repulsion of food and feel guilty when their stomachs are full, thinking that their families in Cambodia might be hungry while they eat.

THE WOMEN

Women feel some of the greatest impact in this secondary phase of resettlement as the Khmer make a conscious effort to rebuild their families after the years of war and starvation. Most wish to at least replace the children that were lost, and many are motivated in an effort to persevere as a people. This surge of new life after death is again characteristic of holocaust survivors. Many families wish to have at least one child here in America, giving them a sense of rootedness and security with an American citizen in the family.

When much of the old role of the Khmer woman as merchant, weaver or farmer dissolves, the remaining role of mother provides the woman with a sense of purpose and security in this new land.

With many infants and preschool children in the homes, the mothers are unable to work or attend standard English classes due to child care responsibilities and transportation difficulties. They remain homebound, unable to venture out and actively acculturate. As the husband begins work and the children attend school, they become better able to meet their own needs and to integrate into the new society. The wife and mother stays home. With little or no language skills, she becomes dependent on her husband and children for even the most basic tasks of daily life.

The mother is seen as a burden, and her vital role dissolves into a near inability to function even marginally in the new society. This leads to isolation and depression and a further breakdown in family structure.

As the war escalated in Cambodia, women became increasingly accustomed to managing the household on their own in both rural and urban areas as husbands were called into military service. Many of these women were widowed during the war years. Many more lost their husbands in the purges of the Khmer Rouge Regime when men were under greater suspicion and at greater risk of corporal punishment than women.

This high percentage of women is reflected in the composition of the New York City Khmer population.[6]

Age Group	Men	Women
18-30 years	114	159
30-50 years	120	127
50 years and older	27	36

Close to one third of the families in New York City are headed by widows, most with dependent children, creating a sociological imbalance in the community common to post-war societies.

Widows are sought out by family men as mistresses. These relationships usually carry the much needed financial and emotional support for the widow and her children. Many wives have grown distrustful of young widows, seeing them as threats to their family stability.

Childless widows, alone and in an unfamiliar land, are bearing illegitimate children in increasing numbers, providing themselves with permanent psychological and familial support.

With the excess of younger and more culturally desirable virgin women waiting to marry, few men choose to remarry widows. It has been more common for a man to leave his first wife and children and take a younger wife. On rare occasions a man will continue to support both his first and second wives as happened in Cambodia, but financial realities here make such an arrangement unlikely.

Widows are beginning to marry outside of the Khmer community, yet some men and women are hesitant to remarry when the opportunity arises, holding onto the hope that somewhere spouses are alive and well. Some that do abandon these hopes find themselves with two families. After marrying a second time, they receive word that their first family is alive in Cambodia or awaiting reunification in a refugee camp.

THE CHILDREN

Khmer children lost many years of school during the four years of the Khmer Regime and their extended stays in camps and are often lacking even the most fundamental learning skills. They are also used to the passive and rote learning process, rather than the western stress on analytical learning and question asking.

Some city schools have special programs for non-English speaking students, but the majority of students are integrated into regular classrooms. They continue their schoolwork with an hour of extra language help each day.

In New York State a child must be placed in a grade according to his or her age. Many of the children lower their ages in the immigration process in order to compensate for missed schooling when they get to a country of resettlement. Matured boys and girls are in classes with eight and nine year olds, creating the potential for eventual social problems.

Despite their many disadvantages, the Khmer children have done exceedingly well in the classroom. They are hard working, well disciplined, and highly motivated

students. They maintain the great respect for teachers that is afforded all teachers in the east, and are appreciated by their teachers for their enthusiasm and dedication to learning.

Often children miss school to accompany their parents as interpreters. Because of their relative language ability, children become the mediator between their parents and institutions of power such as schools, health, and public welfare systems.[6] This role switch upsets an important family hierarchy, leading to further breakdown in the family structure.

The quality of neighborhood and environment determine the social lessons the younger generation learns. As the younger generation goes to school and grows in an environment plagued with social problems and lacking in positive value reinforcement, they will tend to absorb those values around them.

They have no basis in their experience to filter the good from the bad. Motivated by a desire to become "American", they learn language, behavior and dress that is often unfitting and improper. A breakdown in sexual mores is visible among the younger generation as they begin to adopt that which happens around them. These tendencies often go unchecked by parents who are at even more of a cultural loss.

Many children go through a period of rejecting all that is Cambodian in efforts to fit in with their peers. Some no longer like to speak Khmer and resent their parents for holding onto the old ways and not learning the language.

EMPLOYMENT

Many Khmer come to New York with farming and military skills that are not transferable to employment here. Outside of a handful of bilingual refugees needed in social service positions, the most sought after work is with Allied Maintenance, a janitorial service which pays hourly wages of up to seven dollars.

Employment outside of work with Allied often pays too little to support a family. At minimum wage of $3.25 per hour, take home pay averages between $105 and $125 per week. The lowest rent for refugee families is $230. With utilities, carfare, and food costs, a head of family can barely make ends meet.

Medical expenses are the real catch-22 for the refugees. Despite the sliding scale of most city hospitals, the cost per day for a hospital stay averages $350. A child delivery can cost well over a thousand dollars.

In the first years of resettlement when medical problems abound and women are having many children, a family head supporting an extended or large family is often forced to leave a low paying job in favor of Medicaid payments, or is likely not to take such a job from the start.

Many women earn extra income by doing piecework at home. A local merchant provides the women with industrial size sewing machines. The women first work to pay off the machine costs by producing bow ties, hair clips, and scarves, eventually getting paid 70¢ a dozen. In poorly lit apartments, the women work from morning to night while they watch their children.

Recently, neighboring tenants have organized in efforts to prohibit this work. They protest that the fuses constantly blow, and the roar of the large machines makes

sleeping impossible and interferes with television reception.

One considerable adjustment many refugees face is the loss of status they suffer as a result of their uprooting and transition. Navy captains, teachers, and former government officials, among others, used to societal respect and the privileges of their positions, must sweep floors or wash pans in the back of a Chinese restaurant, and depression is common. There is no future which compares to the past.

Camp workers often face disheartening reality in the employment world. After much encouragement and high hopes from expatriate supervisors in the refugee camps, these young people arrive with hopes of college and medical school. Yet once they arrive, because of their language ability and work experience, they are depended on to immediately begin work to support their families. The most ambitious eventually begin school at night while working a full time job. Computer programing has become the most popular field with the refugees.

HEALTH

Undernutrition, anemia, intestinal parasites, TB, hepititis, and dental cavities are the most significant health problems among newly arrived Indochinese refugees.[7]

During the war years and the ensuing stays in the refugee camps, most Khmer suffered prolonged malnutrition. The problem is compounded in early resettlement by a marked tendency to increase portions of rice when unlimited food is available rather than to eat more protein and vegetables. School children are quick to accustom themselves to junk food, and with little nutritional information, parents allow unlimited consumption of these foods.

Dental problems are many. The high costs of dental care for those not receiving medicaid is prohibitive, and many forgo treatment for this reason. False teeth, needed by both young and old, are not covered by medicaid payments.

The Khmer are poor pill takers, tending to increase doses for a quicker cure or stop medication when symptoms disappear. Many more rural Khmer are in the habit of swapping medicines among themselves which they did with herbal medicines at home.

Most Khmer are resistant to having blood drawn for testing. "Many refugees will question the value of having blood drawn out of their bodies, feeling that this must have a primarily negative,weakening effect, (pregnant women are especially worried about this). Even one tubeful is considered to be too much."[8]

There is a growing tendency among mothers to stop nursing their newborns. A common misconception among the Khmer is that baby formula is better and more nutritious for the child than breast milk. Also, the women are quick to learn that breast feeding in public is not tolerated in American society. This presents serious logistical problems when children are hungry in public. The women see no other solution but to accustom the child to bottle feeding from the start.

Gynecological health care procedures have met with considerable resistance. Many women refuse gynecological exams, and vaginal infections and sexually transmitted diseases are rarely brought to the doctor's attention.

Birth control has been only moderately successful. The first real exposure rural Khmer women had to the concept of family planning and the methods of birth control was in the refugee camps. There they were encouraged to space their children for the sake of both the mother's and child's health.

In the camps there was one birth defect in every two hundred births, including cleft palate, shortened limbs, and odd numbered fingers and toes. Health professionals there believed this was due to poor nutrition over extended time, anemia, and generally poor health.

Birth control practices in the refugee camps have caused significant problems with women desiring to limit their families here. The birth control available in camp was limited. There was only one type of pill available in the camps, resulting in nausea and other ill effects for some women. The IUD was also in short supply, and only one type and one size was available.

Depoprovera, a shot administered to women every three months, was the most common methodof birth control, but the women were not made aware of its potential side effects which are many and serious.

> "Over the long term there is pre-disposition to endometrial cancer and premature ageing associated with high doses of hormones. Immediate side effects include suppression of the body's immune system and lessened resistance to common disease, weight gain, hair loss, marked irregularity in menstrual patterns, abnormalities in bone structure, sterility, and diabetes. The drug is promoted for use in nursing mothers, yet its presence in the milk is very high, and hormones are known to cause abnormal development in children. When given to pregnant women, Depo causes a higher incidence of birth defects.[8]

Due to a resistance to birth control stemming from negative experiences in camp, many women resort to terminating pregnancies through readily available abortions which are covered by medicaid. Most are unaware of reproductive health problems which might arise from repeated abortions. Few understand the information given them at the clinic before the abortion takes place.

CONFLICTS IN TREATMENT

In 1971 there were 367 physicians to serve a population of 7 million people in Cambodia[9]. This number decreased into the 1970's as medical personnel were called to serve the military wounded. The Khmer thus were made to depend on traditional health practices and medicines.

These traditional cures are holistic in nature. Eastern medicine is based largely on the premise that health can be achieved only through harmony of the body, mind, and environment. Traditional Cambodian medicine practicioners are called "Krou Khmer". The word "Krou" comes from the same linguistic root as "guru", the Sanskrit name for teacher or spiritual guide, emphasizing an inseperable connection between the the spiritual and physical self.

In selecting herbs and other medicine, the Krou Khmer use a theory bases on three transformations involving water, wind, and fire. Various preventative or curative

measures, which combine magic, prayer, and specific medicinal potions, are used. Amulets are sometimes worn on the body as popular means of warding off the spirits or of hastening a cure.[10]

The most popular folk medical practice is "coining" or "scratching out the bad wind":

> "After cleaning the forehead, neck, back or chest with alcohol, that area is rubbed vigourously with a spoon or coin until bruises appear...to cure, flu, fatigue, headache, backache, and abdominal pain. Related techniques make use of cup suction to the same effect, and cutting slits in the skin and sucking out the "bad blood". The justification used is that the blood which appears beneath the skin is the 'bad blood' responsible for the problem".[11]

Coining creates dark and unsightly marks on the surface of the skin. Teachers, social workers, and doctors often mistake this treatment for physical abuse, causing great shame to refugee families. Parents will commonly treat the first symptoms of an illness with coining. If the illness worsens, some fear reprisals by doctors and are hesitant to take the child to the hospital for treatment.

Most Khmer use traditional and modern medicines concurrently here in New York. Herbal medicines are available in Chinatown and are prepared by the older men and women in the community.

Dr. J. P. Hiegel, a French psychiatrist who has spent several years along the border researching traditional Khmer health practices, stresses the dire importance of understanding the Khmer concept of health and illness before devising methods of treatment. Dr. Hiegel advocates collaboration with traditional healers when planning treatment procedures, and notes a distinct advantage when typically western approaches to illness are combined with those methods which are deeply rooted in the Khmer culture.

"Above all our aim must be not to deprive the refugees of the technical skill which we possess but to adapt it to a system of health care delivery that is acceptable to the patient in his cultural milieu...where the patients and the community at large are the beneficiaries of two sound medical traditions."

MENTAL HEALTH

In Khmer society there is no concept of mental illness as we know it in the west. Mental weakness can stem from supernatural intervention, generic weakness, or weak character. If the illness is diagnosed as a spiritual weakness, or if malevolent spirits are believed to be involved, a monk is needed to give spiritual counseling or act as a sorcerer to exorcise the culprit.[12]

"The Kampucheans (Khmer) recognize three types of spirits: (1) the spirit of the ancestors which governs relations between husband and wife, (2) the guardian spirit of the village which lives in a tree and protects the social group, and (3) the guardian angel which protects the individual. If their existence is denied or scoffed off, spirits are believed to inflict diseases and cause accidents."[13]

Dr. David N. Ratnavale of the National Institute of Mental Health has the following reccomendations concerning the mental health of the Khmer.

"One needs to pay attention to the special mental predicament of the displaced Khmers., their hopes, their fears and other psychological realities. We need to be clearer on what constitutes normality for these people and not be intolerant of ideas and beliefs which we do not share. We need to recognize the theraputic value of certain social institutions. For the Cambodian people, the buddhist temple, the monks, the ceremonies and observances are significant supportive "structures" in their society.

We must help them recreate the social support systems so necessary for their mental well-being. At all costs we must support the family, or what's left of it, and other health promoting institutions, remembering that patients seperated from their families are further endangered."

The anxiety and emotional stress common to newly resettled refugees often manifests itself in psycho-somatic illnesses. Refugees will complain of headaches, fatigue, and body aches. These symptoms are most effectively remedied through traditional treatments.More profound emotional and psychological disturbances often go untreated in countries of resettlement. A Khmer monk is available in New York two days of every month, allowing insufficient time to treat severely disturbed refugees.

The tendency of the Khmer is to ritualize rather than verbalize their grief and emotional stress. The western practice of "talking out a problem" goes against the eastern grain:

"...the Khmer tend to share inner feelings only with a person's own adult family members; anyone outside a person's individual kinship system network wanting to know how he feels about life or his job may succeed only in heightening a sense of suspicion or vigilance."[14]

Buddhism encourages the maintenance of an emotional balance. Emotional extremes should not be expressed. This explains the placid smile of the Khmer when telling of personal tragedies.

THE FUTURE

Most Khmer have dreams of returning to a free Cambodia. Those with broader visions encourage their children towards professions that equip them with skills for the eventual reconstruction of their country. The old hope to go home to die.

The Khmer are strong in spirit. Despite the hardships, there is laughter in the homes. Babies grow fat and bring a sense of renewal. Chances are good they will grow in peace.

NOTES

1./ Whitaker. Donald P., AREA HANDBOOK for the KHMER REPUBLIC 1973 . Washington, GPO, 1973. p. 52

2./ Ibid., p. 56

3./ Cohen. J. Donald, The Refugee Experience and its Relation to Psychological Adaptation and Dysfunction. San Francisco, Indochinese Mental Health Project, p. 27

4./ American Advisory Committee of the Cambodian American Society. Survey of New York City Khmer. New York, 1981.

5./ Ibid.

6./ Ibid.

7./ U.S. Department of Agriculture, Food and Nutrition Service. Nutritional Status of Southeast Asian Americans. Washington, D.C. 1982.

8./ Alberta Advanced Education and Manpower, HEALTH WORKER'S GUIDE TO INDOCHINESE REFUGEES. p. 10

9./ Ibid., p. 13

10./ Ibid., p. 92

11./ Alberta, op. cit.

12./ Whitaker, op. cit., p. 23

13./ EastWest Journal, The Shaman & the Psychiatrist, October, 1980.

14./ Alberta, op. cit., p. 209

BIBLIOGRAPHY

Alberta Advanced Education and Manpower. Health Workers' Guide To Indochinese Refugees. Alberta, 1980.

American Advisory Committee of the Cambodian American Society. Survey of New York City Khmer. New York, 1981.

Center for Applied Linguistics. Social Adaptation of Refugees. Washington, D.C., Center for Applied Linguistics, 1982.

Cohon, J. Donald. The Trauma Syndrome: Identification, Treatment, and Referral of Commonly Seen Problems. San Fransisco, Northern California Indochinese Assistance Program Conference, 1977.

Cohen, J. Donald. The Refugee Experience and its Relation to Psychological Adaptation and Dysfunction., San Francisco, Indochinese Mental Health Project.

Department of Health and Human Services. Refugee Mental Health: Paths to Understanding and Helping. Kansas City, Missouri.

Indochinese Cultural & Service Center. Southeast Asian Health Care, A Cultural Guide. Portland, ICSC, 1982.

Kalin, Sharin. The Story of Cambodia: Her Refugees and Particularly Her Women. New York, Friends World College, 1983.

Lutheran Immigration and Refugee Service. Cambodia: The Land and Its People., New York, LIRS, 1978.

Ratnavale, David N. MENTAL HEALTH PROBLEMS, CAMBODIAN REFUGEES AND PERSONS INVOLVED WITH THEIR RELIEF, REHABILITATION AND RESETTLEMENT. JUNE, 1980.

Ross, Tonn. Coining. Hartford, Khmer-American Health Newsletter, 1983.

Shawcross, Willian. Side-Show. New York, Pocket Books, 1979.

Southeast Asia Chronicle. Depo-provera: Contraception Ideal for Whom?. Issue # 84, June, 1982.

Tepper, Elliot L. Southeast Asian Exodus: From Tradition to Resettlement. Ottawa, The Canadian Asian Studies Association, 1980.

Tobin, Jay. Working With Refugees: A Manual for Paraprofessionals, Volume II. Chicago, Travelers Aid/Immigrants Service, 1981.

U.S. Committee for Refugees. Cambodian Refugees in Thailand: The Limits of Asylum., New York, August, 1982.

U.S. Department of Agriculture, Food and Nutrition Service. Nutritional Status of Southeast Asian Americans. Washington, D.C. 1982

Whitaker, Donald P. AREA HANDBOOK for the KHMER REPUBLIC (CAMBODIA) 1973. Washington, GPO, 1973.

Wood, Susan P. Cambodian Families in a Refugee Processing Center: Parental Attitudes and Childrearing Practices. Rhode Island, United States Catholic Conference, 1983.